

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 579295

FILING DATE

5-15-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	/		/				
5	/		/				
6	/		/				
7	/		/				
8	/		/				
9	/		/				
10							
11	2		/				
12	8		/				
13	8		/				
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49							
50							
TOTAL IND.			10				
TOTAL DEP.		←	14	←	←		
TOTAL CLAIMS			24				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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100							
TOTAL IND.					↓		
TOTAL DEP.		←		←	←	←	
TOTAL CLAIMS							